

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09783323		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51			
2	/							52			
3	/							53			
4	/							54			
5	/							55			
6	/							56			
7	/							57			
8	/							58			
9	/							59			
10	/							60			
11	/							61			
12	/							62			
13	/							63			
14	/							64			
15	/							65			
16								66			
17								67			
18								68			
19								69			
20								70			
21								71			
22								72			
23								73			
24								74			
25								75			
26								76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	3							TOTAL IND.			
TOTAL DEP.	12							TOTAL DEP.			
TOTAL CLAIMS	15							TOTAL CLAIMS			